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Eradication of Covid Is a Dangerous and Expensive Fantasy; It seemed to work in New Zealand and Australia, but now ruinous, oppressive lockdowns are back.

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Much of the pathology underlying Covid policy arises from the fantasy that it is possible to eradicate the virus. Capitalizing on pandemic panic, governments and compliant media have used the lure of zero-Covid to induce obedience to harsh and arbitrary lockdown policies and associated violations of civil liberties.

Among all countries, New Zealand, Australia and especially China have most zealously embraced zero-Covid. China's initial lockdown in Wuhan was the most tyrannical. It infamously locked people into their homes, forced patients to take untested medications, and imposed 40-day quarantines at gunpoint.

On March 24, 2020, New Zealand imposed one of the most onerous lockdowns in the free world, with sharp restrictions on international travel, business closures, a prohibition on going outside, and official encouragement of citizens to snitch on neighbors. In May 2020, having hit zero-Covid, New Zealand lifted lockdown restrictions, except quarantines for international travelers and warrantless house searches to enforce lockdown.

Australia also took the zero-Covid route. While the initial steps focused on banning international travel, the lockdowns there also involved closed schools, occasional separation of mothers from premature newborns, brutal suppression of protests, and arrests for wandering more than 3 miles from home.

New Zealand's and Australia's temporary achievement of zero-Covid and China's claimed success were greeted with fanfare by the media and scientific journals. China's authoritarian response seemed so successful—despite the country's record of lying about the virus—that panicked democratic

governments around the world copied it. The three countries lifted their lockdowns and celebrated.

Then, when Covid came back, so did the lockdowns. Each government has had multiple opportunities to glory in achieving zero-Covid by hairshirt. Australia's current lockdowns in Sydney are now enforced by military patrols alongside strict warnings from health officials against speaking with neighbors. After Prime Minister Boris Johnson announced that the U.K. must "learn to live with" the virus, New Zealand's minister for Covid-19 response, Chris Hipkins, imperiously responded, "That's not something that we have been willing to accept in New Zealand."

Humanity's unimpressive track record of deliberately eradicating contagious diseases warns us that lockdown measures, however draconian, can't work. Thus far, the number of such diseases so eliminated stands at two—and one of these, rinderpest, affected only even-toed ungulates. The lone human infectious disease we've deliberately eradicated is smallpox. The bacterium responsible for the Black Death, the 14th-century outbreak of bubonic plague, is still with us, causing infections even in the U.S.

While the eradication of smallpox—a virus 100 times as deadly as Covid—was an impressive feat, it shouldn't be used as a precedent for Covid. For one thing, unlike smallpox, which was carried only by humans, SARS-CoV-2 is also carried by animals, which some hypothesize can spread the disease to humans. We will need to rid ourselves of dogs, cats, mink, bats and more to get to zero.

For another, the smallpox vaccine is incredibly effective at preventing infection and severe disease, even after exposure to disease, with protection lasting five to 10 years. The Covid vaccines are far less effective at preventing spread.

And smallpox eradication

required a concerted global effort lasting decades and unprecedented cooperation among nations. Nothing like this is possible today, especially if it requires a perpetual lockdown in every country on earth. That's simply too much to ask, especially of poor countries, where lockdowns have proved devastatingly harmful to public health. If even one nonhuman reservoir or a single country or region that fails to adopt the program, zero-Covid would fail.

The costs of any eradication program are immense and must be justified before the government pursues such a goal. These costs include a sacrifice of non-health-related goods and services and other health priorities—forgone prevention and treatment of other diseases. The consistent failure of government officials to recognize the harms of lockdowns—often citing the precautionary principle—disqualifies Covid as a candidate for eradication.

The only practical course is to live with the virus in the same way that we have learned to live over millennia with countless other pathogens. A focused protection policy can help us cope with the risk. There is a thousand-fold difference in the mortality and hospitalization risk posed by virus to the old relative to the young. We now have good vaccines that have helped protect vulnerable people from the ravages of Covid wherever they have been deployed. Offering the vaccine to the vulnerable everywhere, not the failed lockdowns, should be the priority to save lives.

We live with countless hazards, each of which we could but sensibly choose not to eradicate. Automobile fatalities could be eradicated by outlawing motor vehicles. Drowning could be eradicated by outlawing swimming and bathing. Electrocution could be eradicated by outlawing electricity. We live with these risks not because we're indifferent to suffering but because we understand that the costs of zero-drowning or zero-electrocution

would be far too great. The same is true of zero-Covid.

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